

"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fax to:
571-273-6500

- OR -

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number



Customer Number

15313

Type Customer Number here

OR



Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
6,849,614,	09/362,189

(check one)

☐ Applicant/Inventor

☒ Attorney or Agent of record 37,136
(Reg. No.)

☐ Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed.

☐ Assignment recorded at Reel _____ Frame _____

/Willem F. Gadiano/
Signature

Willem F. Gadiano
Typed or printed name

703-816-4057
Requester's telephone number

November 9, 2012
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 form/s are submitted.